# School-Located Vaccine Event (SLVE) Action Plan

This checklist mirrors the [**SLVE training module**](https://eziz.org/assets/docs/shotsforschool/Training/SLVE/story.html) **(**[**bit.ly/SLVETraining**](https://bit.ly/SLVETraining)**)** and can be completed by SLVE organizers

## Pre-Planning Phase (4-6 Months Prior to the SLVE)

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| --- | --- | --- | --- | --- | --- |
| **Action Steps** | **Considerations, Resources, and Links** | **Responsible Party** | **Timeline** | **Comments** | **Status** |
| **Obtain school buy-in a & leadership support**   * Meet with district leadership, school principal or other individuals with influence in the school community | [**CDPH SLVE Letter of Support**](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/OfficeLetterSupport-SLVE.pdf) **(bit.ly/CDPHSLVELetterofSupport)** | *(Example: Coordinator, Volunteer, Vaccination Partner)* |  |  |  |
| **Determine if MOU/FUA are needed**   * Consult with district leadership or school principal to understand what, if any, agreements are required. | **[MOU/FUA Samples on Shots For School – SLVE Resource   (](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/resources-clinics.aspx)**[**[bit.ly/CDPHSLVEResources)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/resources-clinics.aspx)**](https://bit.ly/CDPHSLVEResources) |  |  |  |  |
| **Determine intended audience for SLVE** | * Students * Staff * Community members * Nearby schools * Family members |  |  |  |  |

# Pre-Planning Phase (4-6 Months Prior to the SLVE)

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| **Action Steps** | **Considerations, Resources, and Links** | **Responsible Party** | **Timeline** | **Comments** | **Status** |
| **Identify which vaccines to include in your SLVE**   * Based on participant needs, ages, and time of year, determine what type(s) of vaccines you will offer | * Hep B * Flu * Polio * DTaP * HPV * MMR * Tdap * Varicella * COVID-19 * Meningococcal B * Meningococcal ACWY |  |  |  |  |
| **Select vaccination partner**   * Begin with entities with whom you already have a relationship * Examples: Local health department, community health clinics, pharmacies, school-based health centers | * Can partner offer all immunizations and resources in needed languages (i.e., screening forms and bilingual staff)? * Can partner vaccinate all ages in your population? * Can partner fulfill the requirements of your FUA/MOU? * Will there be any cost?  [**SLVE Cost Guide**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/resources-clinics.aspx) **(bit.ly/CDPHSLVEResources)** * Will insurance status of participants be a factor? |  |  |  |  |

# Pre-Planning Phase (4-6 Months Prior to the SLVE)

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| **Action Steps** | **Considerations, Resources, and Links** | **Responsible Party** | **Timeline** | **Comments** | **Status** |
| **Meet with all partners to ensure Pre-Planning Phase is complete and prepare for Planning Phase 1** |  |  |  |  |  |

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## Planning Phase 1 (3-4 Months Prior to the SLVE)

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| **Action Steps** | **Considerations, Resources, and Links** | **Responsible Party** | **Timeline** | **Comments** | **Status** |
| **Select date and time**  Consider combining with other school events and/or offering grade and seasonal specific events:   * + - Tdap Events (6th grade) * Fall Flu Events * Adolescent Immunization Week (1st week of April) * Preteen Vaccine Week (1st week of March) * HPV Vaccine Week (2nd week of August) * National Immunization Awareness Week (last week of April) | * During school or after hours * On a normal school day or summer or holiday break * Combine with another school event/activity * With/without parents/guardians |  |  |  |  |
| **Ensure completion of required MOU/FUA agreements, if applicable** |  |  |  |  |  |

## Planning Phase 1 (3-4 Months Prior to the SLVE)

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| --- | --- | --- | --- | --- | --- |
| **Action Steps** | **Considerations, Resources, and Links** | **Responsible Party** | **Timeline** | **Comments** | **Status** |
| **Begin promoting SLVE:**   * Determine which platforms you will use to promote your event * Determine which trusted messengers in your community can be leveraged to amplify your message and engage your families | [**SLVE Promotional Toolkit**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/resources-clinics.aspx)[**(bit.ly/CDPHSLVEResources)**](https://bit.ly/CDPHSLVEResources)   * Robocalls * Text-blasts * Email * School newsletter * Website * Marquee screen/sport event screen * District/school calendar * Social media * Other: |  |  |  |  |
| **Determine what promotional materials your SLVE will need** | * Banners * Flyers * Posters |  |  |  |  |
| **Ask community-based organizations (CBOs) to help promote**   * Distribute information to their networks | * Libraries * Youth programs * Faith based organizations * Recreation centers * After school programs * Food banks * Local businesses * Chamber of commerce * Other schools |  |  |  |  |

## Planning Phase 1 (3-4 Months Prior to the SLVE)

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| **Action Steps** | **Considerations, Resources, and Links** | **Responsible Party** | **Timeline** | **Comments** | **Status** |
| **Distribute paper or electronic consent forms provided by vaccination partner**   * Consent form collection rates are better when teachers are actively involved with reminders and collection | For partners using My Turn, QR codes or URL can be created for advance digital registration and consent  [**My Turn**](https://mycavax.cdph.ca.gov/s/my-turn) **(**[**bit.ly/MyTurnRegistration)**](https://bit.ly/MyTurnRegistration) |  |  |  |  |
| **Begin recruiting volunteers to help at the event** | **List names and contacts of volunteers** 1.  2.  3. |  |  |  |  |
| **Select a space/location**   * Classroom, multi-purpose room, cafeteria, library, or similar space   Confirm availability of tables and chairs for use at event | **Considerations for location:**   * Large, open space, minimal obstacles * Waiting area for students to line up * Separate entry and exit doors * Easy access to restrooms * Power source * Wi-Fi access   [**SLVE Sample Vaccination Area Setups**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/resources-clinics.aspx)[**(bit.ly/CDPHSLVEResources)**](https://bit.ly/CDPHSLVEResources) |  |  |  |  |

## Planning Phase 1 (3-4 Months Prior to the SLVE)

## Optional Coordinator Responsibilities

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| **Action Steps** | **Considerations, Resources, and Links** | **Responsible Party** | **Timeline** | **Comments** | **Status** |
| **Identify optional incentives that can be donated by the community or purchased** | [**SLVE Incentive Resources**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/resources-clinics.aspx) [**(bit.ly/CDPHSLVEResources)**](https://bit.ly/CDPHSLVEResources) |  |  |  |  |
| **Meet with all partners to ensure Planning Phase 1 is complete and prepare for Planning Phase 2** |  |  |  |  |  |

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## Planning Phase 2 (1-2 Weeks Prior to the SLVE)

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| **Action Steps** | **Considerations, Resources, and Links** | **Responsible Party** | **Timeline** | **Comments** | **Status** |
| **Send frequent reminders to encourage and increase participation**   * Refer to promotional toolkit for communication templates | [**SLVE Promotional Toolkit**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/resources-clinics.aspx) [**(bit.ly/CDPHSLVEResources)**](https://bit.ly/CDPHSLVEResources) |  |  |  |  |
| **Finalize plans with volunteers** | * Consider creating a volunteer shift schedule |  |  |  |  |
| **Finish collecting all paper consent forms 1-2 days prior to SLVE, if applicable**  **Run a report a day in advance if using electronic registration to determine expected participation** |  |  |  |  |  |
| **Meet with all partners to ensure Planning Phase 2 is complete and prepare for Day of SLVE** |  |  |  |  |  |

## Day of SLVE

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| **Action Steps** | **Considerations, Resources, and Links** | **Responsible Party** | **Timeline** | **Comments** | **Status** |
| **Meet with vaccination partner and volunteers to ensure set-up, staff/volunteers, supplies are in place for the SLVE** | [**SLVE Student Identification Protocol**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/resources-clinics.aspx) [**(bit.ly/CDPHSLVEResources)**](https://bit.ly/CDPHSLVEResources) |  |  |  |  |
| **Coordinate volunteers** |  |  |  |  |  |
| **Provide vaccination partner with classroom map and bell/recess schedule** (if conducting event during school hours) |  |  |  |  |  |
| **Place promotional and directional signage to guide people to the SLVE** |  |  |  |  |  |
| **Have at least one school representative present to lock up the facility** |  |  |  |  |  |

## Day of SLVE Optional Coordinator Responsibilities

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| **Action Steps** | **Considerations, Resources, and Links** | **Responsible Party** | **Timeline** | **Comments** | **Status** |
| **Take pictures during event and capture narrative to share outcomes with school and community**  This will help with marketing efforts for future SLVEs |  |  |  |  |  |

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## Post-SLVE

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| **Action Steps** | **Considerations, Resources, and Links** | **Responsible Party** | **Timeline** | **Comments** | **Status** |
| **Participate in a debrief meeting with the planning/vaccination partner if requested** |  |  |  |  |  |
| **Complete an evaluation survey if the vaccination partner requests** | [**SLVE Evaluation Survey**](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/resources-clinics.aspx)  [**(bit.ly/CDPHSLVEResources)**](https://bit.ly/CDPHSLVEResources) |  |  |  |  |
| **Schedule return event dates:** Ensure that participants know when their next vaccinations are due, if appropriate, and when additional SLVEs will be held |  |  |  |  |  |

## SLVE Notes

**Notes:**

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## School-Located Vaccine Event Information

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| **If vaccinating partner is using My Turn, insert QR codes or URL in advance of your event for digital registration and consent.**  **QR Code:**  **URL:** |

## Coordinator Contact Information

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| --- | --- | --- |
| **School Name:** | **Event Date #:** | **Event Date #2 (If applicable):** |
| **Coordinator Name:** | **Coordinator Phone:** | **Coordinator Email:** |
| **Secondary Contact:** | **Contact Phone:** | **Contact Email:** |

## Vaccinating Partner Information

|  |  |  |
| --- | --- | --- |
| **Vaccinating Partner Contact:** | **Partner Phone:** | **Partner Email:** |
| **Secondary Contact:** | **Contact Phone:** | **Contact Email:** |

**Questions:** Email [**Schoolvaxteam@cdph.ca.gov**](mailto:Schoolvaxteam@cdph.ca.gov)for questions and support.